

The PACE Setter Award First Write-Up Form



TO BE COMPLETED FOLLOWING YOUR PATIENT & STAFF ENGAGEMENT EXERCISE

WHAT IS THIS FORM FOR?

The information in this form will be reviewed by the PACE Setter Award Panel to ensure that the KEY ACTIVITIES planned by each applicant organisation will be appropriate, both in scope and scale, for a PACE Setter Award. The purpose of each local Panel is to act as both a standard bearer and a guide to encourage the successful attainment of sustainable and transformational Children and Young People's Service (CYP) improvement by all applicants.

Primary Care / Community Provider

Name and Title of Key Contact Details including email address (of person completing this form)



Step 2:

- Undertake Consultation with your local Service Users
- Jointly Agree 4 Key Activities (KAs) within the 4 PACE elements including a review of your Safe-guarding protocols and procedures.
- Confirm these with CCG Award panel at outset via this First Write-Up Form

Details about the 2 MANDATORY KEY ACTIVITIES:

KEY ACTIVITY 1: SAFEGUARDING

Statement: I can confirm that my organisation is CQC compliant for CYP Safeguarding Procedures and Processes? And/or is taking steps to be compliant by the final completion of this PACE Setter Award Application Process?

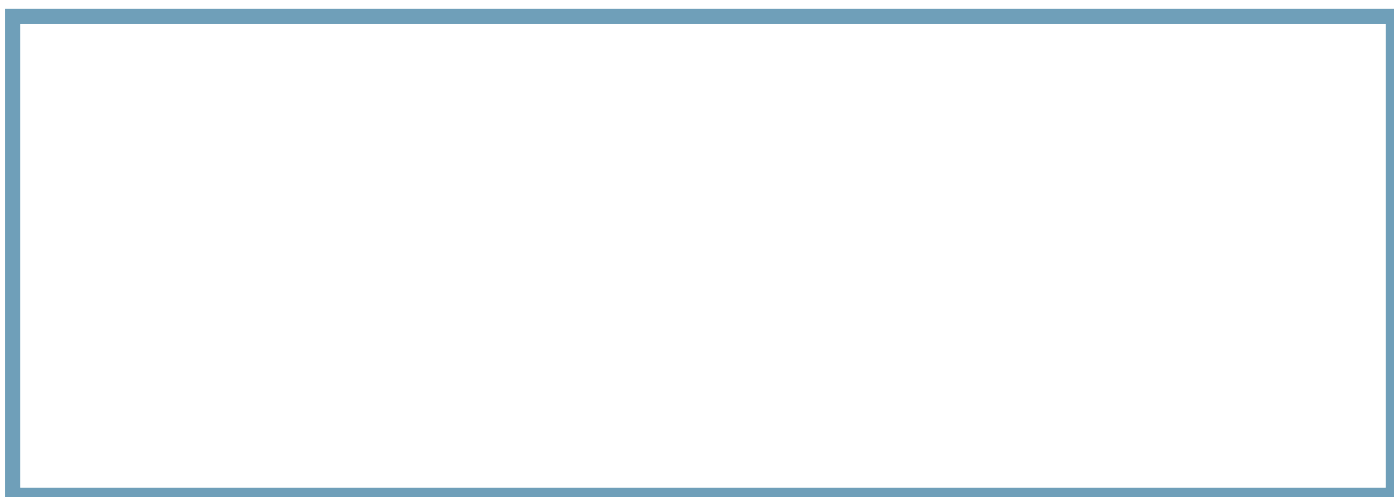
Please also provide any additional standards reached eg please supply any examples of Best Practice in Safeguarding that you would like to share:

Name of Applicant Organisation:

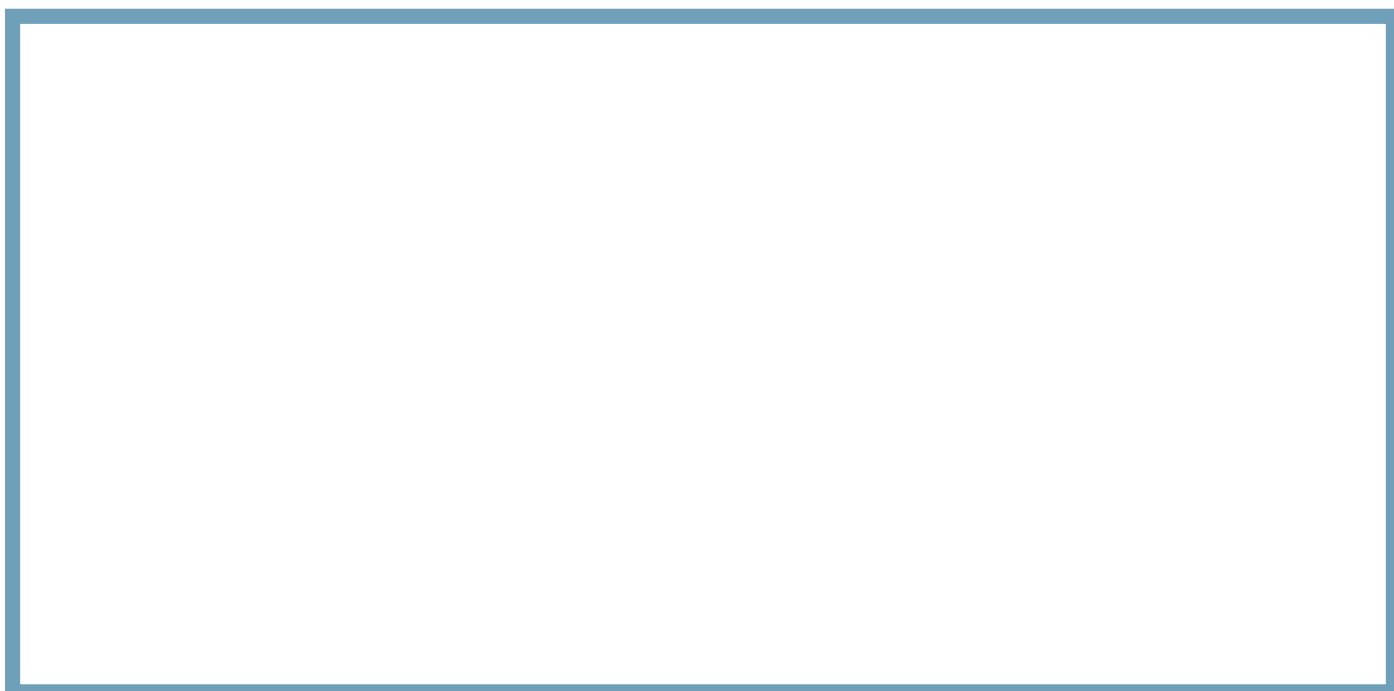
MANDATORY KEY ACTIVITY 2: YOUR PATIENT & STAFF ENGAGEMENT / USER CONSULTATION

NB: AS DISCUSSED AT THE INTRODUCTION MEETING, THIS IS THE MOST CRITICAL PART OF THE APPLICATION PROCESS AS THIS DETERMINES THE OTHER 3 KEY ACTIVITIES YOU WILL UNDERTAKE NB there needs to be evidence of linkage between KEY ACTIVITY 2 and the three other KEY ACTIVITIES

PATIENT/USER ENGAGEMENT involving at least 1% of your target population - Please provide sufficient detail (eg profiles of whom you have spoken to) for us to understand and assess how you have undertaken your engagement with the patient/family/staff groups...



WHOLE TEAM CONSULTATION: Please summarise the discussions held with representatives of your WHOLE staff team to support your development of your additional three Key Activities (NB these could help to shape your patient engagement exercise)...



Please feel free to use as much space as you like - please include quotes from your patients, staff; survey results; copies of questionnaires to patients etc.

Please outline for the Panel your plans for your 3 additional Key Activities

KEY ACTIVITY (KA) 3 TITLE:

Brief details of the KA:

Aim of the KA:

What will you do?

How will you know you have succeeded in achieving this KA?

Panel Feedback:

KEY ACTIVITY (KA) 4 TITLE:

Brief details of the KA:

Aim of the KA:

What will you do?

How will you know you have succeeded in achieving this KA?

Panel Feedback:

KEY ACTIVITY (KA) 5 TITLE:

Brief details of the KA:

Aim of the KA:

What will you do?

How will you know you have succeeded in achieving this KA?

Panel Feedback:

SHARING BEST PRACTICE – PACE Setter TOP TIPS

Every stage of a PACE Setter application is likely to uncover points of clinical and organisational learning and good practice that are worth sharing. If you already have some PACE Setter TOP TIPS you would like to share, please make a note of them here and we will pass them onto others.

EVALUATION OF THE PACE Setter PROCESS

We know there is much for us to learn to ensure PACE Setter can develop into a really effective programme for practice development. Therefore, please provide us with your comments regarding your experience to date. You may like to mention this form, the Step By Step Guide and Resource Pack, accessing documents on the website etc.

Please detail the names and job titles of your PACE Setter Award Core Team Members from your organisation (please continue on another page if necessary)

Name..... Title

Name..... Title

Name..... Title

Name..... Title

Statement: On behalf of my organisation, I can confirm that our team have developed the plans for our KEY ACTIVITIES as per the PACE Setter guidance.

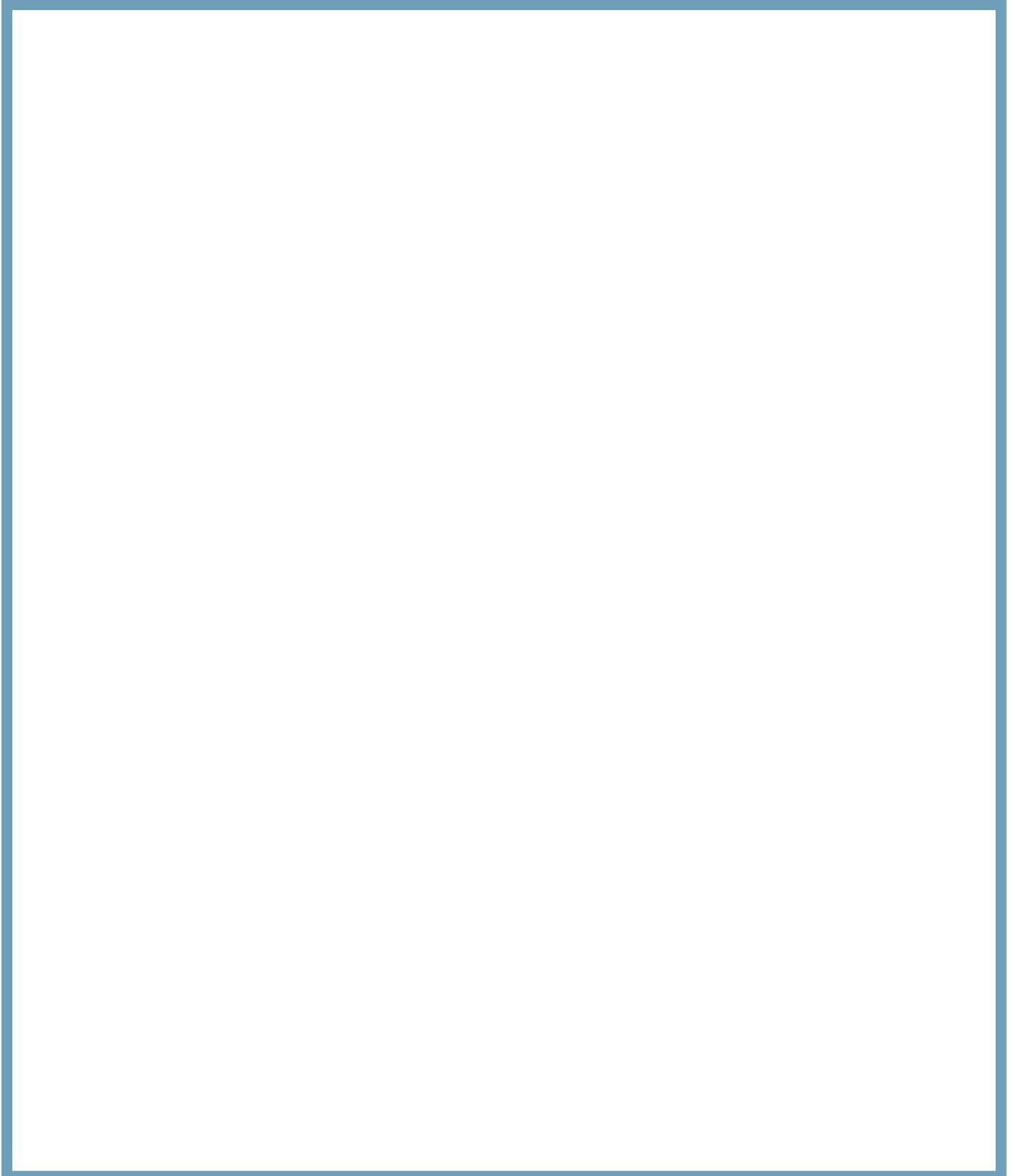
Name:..... Signed:

Date:.....

Message from PACE Setter Award Panel:

Thank you for this information. We will contact you shortly (aim within 2 weeks) with the Panel's comments to ensure that your team is aiming in the right direction to be eligible for a PACE Setter Award.

Comments from the Award Panel following your completion of this Form (for official use only - not to be completed by PACE Setter Applicants):



Achievement Chart

Primary Care / Community
Provider (and Lead and PACE Setter members)



Children and Young Peoples Service PACE Setter Award

Key Activity 1:

Please tick all the PACE Setter Elements that your Key Activity aligns to:

- Patient and staff engagement**
- Accessing services**
- Clinical best practice and care**
- Educating and equipping**

What were we going to do?	
What have we done?	
How do / will you know this has been successful?	
~ Celebrating Success -: What are your PACE Setter Achievements?	
Lessons Learned	
Plans for the future	
Please describe how you will seek to ensure that this initiative is sustained / embedded in your team's way of working	



Key Activity 2:

Please tick all the PACE Setter Elements that your Key Activity aligns to:



Patient and staff engagement



Accessing services



Clinical best practice and care



Educating and equipping

What were we going to do?

What have we done?

How do / will you know this has been successful?

~ Celebrating Success ~: What are your PACE Setter Achievements?

Lessons Learned

Plans for the future

Please describe how you will seek to ensure that this initiative is sustained / embedded in your team's way of working



Key Activity 3:

Please tick all the PACE Setter Elements that your Key Activity aligns to:



Patient and staff engagement



Accessing services



Clinical best practice and care



Educating and equipping

What were we going to do?

What have we done?

How do / will you know this has been successful?

~ Celebrating Success ~: What are your PACE Setter Achievements?

Lessons Learned

Plans for the future

Please describe how you will seek to ensure that this initiative is sustained / embedded in your team's way of working



Key Activity 4:

Please tick all the PACE Setter Elements that your Key Activity aligns to:



Patient and staff engagement



Accessing services



Clinical best practice and care



Educating and equipping

What were we going to do?

What have we done?

How do / will you know this has been successful?

~ Celebrating Success ~: What are your PACE Setter Achievements?

Lessons Learned

Plans for the future

Please describe how you will seek to ensure that this initiative is sustained / embedded in your team's way of working